

**State of Louisiana**  
**Video Network Services Customer Site Profile Worksheet**

OTM-18

Date: \_\_\_\_\_

**BELLSOUTH** Sales contact \_\_\_\_\_ TN \_\_\_\_\_ FAX \_\_\_\_\_

Internet/E-Mail Address \_\_\_\_\_

Customer Name: \_\_\_\_\_

Site Specific Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Video Site Name: \_\_\_\_\_

Video Site Address/Room: \_\_\_\_\_

Video Site Local Contact: \_\_\_\_\_ TN \_\_\_\_\_

Site Coordinator: \_\_\_\_\_ TN \_\_\_\_\_ FAX \_\_\_\_\_  
(Technical Person)

Add'l Site Coordinator: \_\_\_\_\_ TN \_\_\_\_\_ FAX \_\_\_\_\_

Internet/E-Mail Address \_\_\_\_\_

1. Selected Video Speed: \_\_\_\_\_

2. Codec Manufacturer: \_\_\_\_\_ Codec Model Number: \_\_\_\_\_

Codec Software Revision Level: \_\_\_\_\_

3. If Dedicated Transport Service Exists, Provide Circuit ID: \_\_\_\_\_

If Dial Up Provide SPID: \_\_\_\_\_

**Notes:** Out of region BVCS subscribers will be provisioned through the Atlanta BVCS MCU.  
*One Profile Sheet is required per site.*

### **Instructions for Video Network Services Customer Site Profile Worksheet (OTM-18 (Draft))**

Prior to participating in a multi-site video conference (where more than two sites are involved) and after the video equipment is selected a Site Profile Worksheet must be completed and returned to the Office of Telecommunications Management. This worksheet will be reviewed and sent to *BELLSOUTH*.

<b>Date</b>	Date form is completed.
<b><i>BELLSOUTH</i> Sales Contact</b>	Will be completed by OTM.
<b>TN</b>	Will be completed by OTM.
<b>FAX</b>	Will be completed by OTM.
<b>Internet/E-mail Address</b>	Will be completed by OTM.
<b>Customer Name</b>	Will be completed by OTM.
<b>Site Specific Billing Address</b>	Will be completed by OTM.
<b>Video Site Name</b>	Agency name.
<b>Video Site Address/Room</b>	Specific address with room number, floor, location, etc.
<b>Video Site Local Contact</b>	Agency person responsible for ordering telecommunications service.
<b>TN</b>	Local contact's telephone numbers. Include FAX numbers and e-mail addresses if available.
<b>Site Coordinator</b>	Agency technical person responsible for this location.
<b>TN</b>	Site coordinator's telephone number.
<b>FAX</b>	Site coordinator's FAX number. Include e-mail address if available.
<b>Add'l Site Coordinator</b>	Agency backup technical person, if known or assigned.
<b>FAX</b>	Agency backup technical person's FAX number.
<b>Internet/E-Mail Address</b>	Agency backup technical person's e-mail address, if available.
<b>1. Selected Video Speed</b>	The transmission speed (i.e. 128 Kbps, 384 Kbps, T-1 etc.) selected for operating the video equipment determined by the agency/contractor thru consultation.
<b>2. Codec Manufacturer</b>	Information obtained after specific equipment is selected by the agency through consultation with equipment vendor/contractor.

**3. If Dedicated Transport Exists,  
Provide Circuit ID**      Indicate circuit identification number.

**If Dial Up Provide SPID**      Indicate Service Profile Identifier (SPID).